



AUTO SALVAGE INSPECTION REPORT

INDIANA DEPARTMENT OF ENVIRONMENTAL MANAGEMENT

Purpose of Inspection

☐ CEI ☐ COI ☐ OTHER

Facility wishes to be contacted by OPPTA

☐ YES ☐ NO

Inspector's Name(s):

Time In: _____ ☐ AM ☐ PM

Time Out: _____ ☐ AM ☐ PM

Date: ____/____/____

PART A: GENERAL INFORMATION

1. FACILITY NAME:

2. LOCATION:

Street Address: _____

Mailing Address: _____

City: _____ County: _____ Zip Code: _____ City: _____ County: _____ Zip: _____

3. CONTACT INFORMATION:

Facility Contact Person: _____

Phone Number: _____

Fax Number: _____

Property Owner: _____

Facility Owner: _____

Phone Number: _____

Fax Number: _____

4. FACILITY ID NUMBERS/PERMIT NUMBERS (where applicable):

EPA ID #/RCRA ID #: _____

NPDES PERMIT # (or exemption): _____

STORMWATER PERMIT #: _____

PWSID #: _____

OTHER PERMIT(s) #: _____

BMV Dealer ID # & Expiration Date: * _____

*If no Dealer ID#, refer to BMV

INDIANA STATE RETAIL LICENSE #: ~~contact attendee to see which specific #~~ *

*If no license #, refer to IDOR

5. FACILITY TYPE: (can check more than one)

Auto Salvage Facility _____

Scrap Metal Processor _____

Towing Service _____

Other _____

6. CRUSHER and SCRAP METAL PROCESSOR INFO:

On Site Crusher: _____ Off Site Crusher: _____

Name & Address of Offsite Crusher: _____

Name & Address of Scrap Metal Processor: _____

7. FACILITY INFORMATION:

Approximate Number of Vehicles Processed per day/month/year _____

of Employees: _____

Approximate Number of Vehicles currently on site _____

of years property has been utilized as an auto salvage facility _____

Approximate Acreage of Facility _____

SIC CODE(s): _____

PROCESSES FOR INCOMING CARS: Inspected for leaks? _____ Drip pans used? _____

9. GENERATOR STATUS (at time of inspection):
☐ Conditionally Exempt Small Quantity Generator (CESQG)
 ☐ Small Quantity Generator (SQG)
 ☐ Large Quantity Generator (LQG)
8. WASTE STREAMS

<u>From Vehicles</u>	<u>QUANTITY GENERATED</u>	<u>QUANTITY ON SITE</u>	<u>DISPOSAL /REUSE</u>	Removed?	If yes, how managed?	
Used Oils (differential fluid, motor oil, transmission fluid and brake fluid)						
Fuel (Gas & Diesel)						
Fuel Filters						
Lead Parts						
Mercury (lights, hoods & switches)						
Used Oil Filters						
Antifreeze						
Batteries (Lead – Acid)						
Airbags (Sodium Azide)						
Windshield Washer Fluid						
Brake Shoes & Clutches (Asbestos)						
Engines						
<u>From non-vehicle sources</u>	<u>QUANTITY GENERATED</u>	<u>QUANTITY ON SITE</u>	<u>DISPOSAL /REUSE</u>	How Managed?	Transporter Used	TSD
Flourescent Lamps*						
PCB Capacitors						
Solvents – Parts Washer & Antifreeze						
Solvents – Carburetor Cleaner						
Contaminated Soil						
Paint*						
Absorbent Materials						
Shop Towels						
Solid Waste						
Other (specify):						

*Depending on how waste is manage, could potentially be a hazardous waste.

10. EXEMPTED/EXCLUDED HAZARDOUS WASTE STREAMS AND REASON FOR EXEMPTION:				
11. TRANSPORTER(S) USED:				
NOTE: A status listed in bold letters is indicative of a violation				
9. AIR ISSUES:				
Code Cite(s):		Status		
	General			
	Are there any visible emissions (except steam) from any stack or vent? If YES, identify process, vent or stack, description of emissions (color, duration, constant vs. intermittent), time, and weather conditions (e.g. wind direction) and refer to OAQ.	YES	NO	NA
	Are solvent container(s) closed when not in use? If NO, describe containers and location (e.g. booth number, department, etc).	YES	NO	NA
	Refrigerants (If any answers are "no", refer to EPA Region 5)			
	Required Practices – Refrigerants Removed before crushing? If yes, is the technician certified? If no, refer to EPA; If yes: Technician Name and Certification #:			
	If waste refrigerant is not being recycled, how & and where is it being disposed?	YES	NO	NA
	Is the facility using EPA approved recycling/recovery equipment?	YES	NO	NA
	Fugitive Dust			
	Is there any activity generating dust? If YES, identify if dust was seen crossing the property lines, identify the source of the emissions, description of emissions (color, duration, constant vs. intermittent), time, and weather conditions (e.g. wind direction) and refer to OAQ.	YES	NO	NA
	Smelting/Sweat Furnace Operations			
	Is there a sweat furnace in use at the facility? If yes, then refer to OAQ/Compliance	YES	NO	NA
	Open Burning			
326 IAC 4-1-2	Is there any evidence of open burning? If YES, describe if burning is/is not occurring at the time of the inspection and describe materials and size of area burned:	YES	NO	NA

14. WASTE ISSUES:					
Code Cite(s):		Status			
	Absorbent Materials				
	Are spent absorbent materials disposed of properly?	YES	NO	NA	
	Used Oil				
N/A	Is used oil (crankcase, transmission, brake fluid or other) collected for recycling?	YES	NO	NA	
N/A	If so, how much is collected? Describe any tanks/containers:				
329 IAC 13-4-3(d)	Are tanks and containers that are used to store used oil clearly labeled "Used Oil"?	YES	NO	NA	
IC 13-30-2-1	Are these tanks and containers storing used oil in good condition and free of leaks?	YES	NO	NA	
N/A	Does the facility accept used oil from other parties?	YES	NO	NA	
329 IAC 13-4-4	Does the facility burn its own used oil in its own space heater?	YES	NO	NA	
329 IAC 13-3-3(c) & 13-4-4	Does the facility offer its used oil to other parties to burn?	YES	NO	NA	
IC 13-30-2-1 (14)	Is used oil spilled, drained or otherwise deposited on the ground?	YES	NO	NA	
	Spills/Release to Environment				
IC 13-30-2-1	Is there evidence of spill/release? If yes, provide information about location and include in facility map: If yes, list contaminants:	YES	NO	NA	
	Solid Waste				
329 IAC 10-2-174	Where does the trash, garbage, refuse or discarded material generated by the facility disposed of?				
329 IAC 10-2-128	Is there evidence of open dumping?	YES	NO	NA	
	Underground Storage Tanks				
	Are there underground storage tanks on the premises that have not been registered with IDEM and contain petroleum* or a hazardous substance? If yes, refer to OLQ UST section and answer the following: How many? _____ Total Capacity**? _____ List of materials stored in the UST: _____	YES	NO	NA	
	<p>*Tanks storing fuel for heating are exempt</p> <p>** (If total capacity is greater than 42,000 gallons see the SPCC section of the checklist)</p>				
	Waste Tires				
N/A	Are used tires for sale? If no, disregard the following two questions. If yes, please answer:	YES	NO	NA	
329 IAC 15-2-13	Do the tires for sale have at least 1/16" of tread? If no, then they are classified as waste tires and should be counted in total # waste tires on-site	YES	NO	NA	
IC 13-20-13-1.5	Does the manner in which they are stored pose a threat?	YES	NO	NA	
N/A	Are waste tires disposed of? If no, disregard the following questions. If yes, please answer:	YES	NO	NA	
IC 13-20-14-4 & IC 13-20-14-5.3	Are whole tires shipped off site? If yes:	YES	NO	NA	
	Is a registered tire transporter used? If yes:	YES	NO	NA	
	Are the manifests on file? (must maintain copies for one year) Transporters Name:	YES	NO	NA	
	Are cut up tires shipped offsite? If yes:	YES	NO	NA	
	Is a registered/licensed waste hauler used?	YES	NO	NA	
	Are trash removal tickets on file? Transporters Name:	YES	NO	NA	

IC 13-11-2-250	Are waste tires being collected on site? If yes:	YES	NO	NA
	Are there more than 1,000 tires being stored outside (or partially enclosed)?	YES	NO	NA
	Are there more than 2,000 tires being stored inside?	YES	NO	NA
15. WATER ISSUES:				
Code Cite(s):		Status		
	Wastewater			
NA	Are any industrial process wastewater(s) that generate at this facility? If yes, specify:	YES	NO	NA
NA	Description of wastewater(s) please describe general appearance: _____ _____			
NA	Where is waste water being discharged:			
	Was any indication observed that process materials are escaping through floor drains? If yes, provide a description of the materials and refer to OWQ – Wastewater: Materials observed: _____ _____	YES	NO	NA
NA	Was there any observed discharge of wastewater from discharge pipes?	YES	NO	NA
NA	Materials observed: _____ _____			
	(Document with a photograph)			
NA	Does the facility have an NPDES permit?	YES	NO	NA
	Storm Water			
NA	Has the facility submitted their Notice of Intent (NOI)? If no, refer to OWQ – Storm water; If yes, then:	YES	NO	NA
	Has it been 365 days since the NOI was submitted? If no, refer to OWQ – Storm Water; If yes, then:	YES	NO	NA
	Has a stormwater pollution prevention plan been implemented? (Document outfalls with a photograph) If no, refer to OWQ. If yes:	YES	NO	NA
	Is the plan on-site?	YES	NO	NA
	Has an initial sampling been conducted? if no refer to OWQ:	YES	NO	NA
	Spill Prevention Control and Countermeasures (SPCC):			
NA	Do all tanks and containers on site have a combined storage capacity of 1,320 gallons or more?	YES	NO	NA
NA	Is there an underground storage capacity of 42,000 gallons and the potential for spills to reach a body of water?	YES	NO	NA
	If yes to either of the above two questions, does the facility have a SPCC plan? If the facility does not have a SPCC plan, refer to OWQ.			
	Drinking Water			

	Is the facility's drinking water supplies by a municipal (public or private) system? If yes, do not complete the remainder of this section; if no, answer the following:	YES	NO	NA
	Does the facility have its own drinking water system for employees &/or customers? If yes,	YES	NO	NA
	Is the source of the water supply surface water or ground water?	YES	NO	NA
	If the facility has more than 25 employees, does it have a Public Water Supply Identification Number (PWSID#)? If yes, enter this information in Section 4 on Page 1	YES	NO	NA
	If the facility is a public water supply and has a PWSID #, is the well head on site? If yes,	YES	NO	NA
	Was the well head observed? If yes,	YES	NO	NA
	Was the area within a 200 foot radius of the well head free of visible contamination sources? If no, please describe and document with a photograph.	YES	NO	NA

10. ADDITIONAL AREAS OF CONCERN:	
<p>Floodplain:</p> <p>Is the area in a potential floodplain? _____</p> <p>If yes, is there any new construction onsite? _____</p> <p>If yes, refer to IDNR/Floodplain Section</p>	<p>Rule 5:</p> <p>Are there any land disturbing activities occurring at the site? _____</p> <p>Is there extensive soil buildup seen on the road? _____</p> <p>If yes to either/or, refer to IDNR/IDEM</p>
<p>Wetland:</p> <p>Is the area in a potential wetland? _____</p> <p>If yes, refer to IDNR/Wetland Section and IDEM/Wetland Section</p>	<p>OSHA:</p> <p>OSHA Issues? _____</p> <p>If yes, refer to Indiana Department of Labor/Industrial Safety</p>
<p>Radiological Issues:</p> <p>1) Does the facility have permanently installed portal radiation detectors at the facility scales or other entry points into the facility? YES NO</p> <p>2) Does the facility possess any handheld/portable radiation survey meters? YES NO</p> <p>⇒ If the facility answered yes to either of the above, please answer the following questions:</p> <p>1) Does the facility scan all incoming loads, i.e. private vehicles, commercial trucks, and rail cars? YES NO</p> <p>2) Is the above detection equipment in working order? YES NO</p> <p>How does the facility know it is in working order? YES NO</p> <p>a) Does the facility have a radioactive check source that can be used daily/weekly to assure the equipment is capable of detecting radioactivity above normal background levels? YES NO</p> <p>b) Has the equipment been calibrated and/or maintained by the manufacturer in the past 12 months? YES NO</p>	
16. REFERRAL AREA:	
<p>IDEM:</p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> - OPPTA/P2 <input type="checkbox"/> - OWQ/Wastewater Compliance <input type="checkbox"/> - OWQ/Wetlands <input type="checkbox"/> - OWQ/Rule 6 - Stormwater <input type="checkbox"/> - OWQ/Drinking Water <input type="checkbox"/> - OAQ/Compliance <input type="checkbox"/> - OLQ/Solid Waste <input type="checkbox"/> - OLQ/Spill <input type="checkbox"/> - OLQ/Rule 6 <input type="checkbox"/> - OLQ/UST </div> <div> <input type="checkbox"/> - OE/Water <input type="checkbox"/> - OE/Solid Waste <input type="checkbox"/> - OE/Hazardous Waste </div> </div>	<p>Other Agency:</p> <input type="checkbox"/> - EPA Region 5; Freon <input type="checkbox"/> - Indiana Bureau of Motor Vehicles <input type="checkbox"/> - Indiana Department of Transportation <input type="checkbox"/> - Indiana Department of Natural Resources/Law Enforcement <input type="checkbox"/> - Indiana Department of Natural Resources/Rule 5 <input type="checkbox"/> - Indiana Department of Natural Resources/Floodplain <input type="checkbox"/> - Indiana Department of Revenue <input type="checkbox"/> - Indiana Department of Labor/Industrial Safety <input type="checkbox"/> - Indiana State Department of Health/Radiological Health Section

11. ADDITIONAL COMMENTS:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins or other markings on the paper.

17. PLEASE LIST GUIDANCE MATERIALS PROVIDED TO FACILITY:	
 <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

12. FACILITY MAP

DESCRIPTION OF VIOLATION	

FACILITY NAME: _____

ID#: _____

ADDRESS: _____

INSPECTION DATE: ____ / ____ / ____

# & CFR #	LOCATION / SUBJECT
-----------	--------------------

[illegible]

PHOTO LOG

☐ Info

DATE: __ / __ / __

Photo #	LOCATION / SUBJECT
1.	
2.	
3.	
4.	
5.	
6.	
7.	
8.	
9.	
10.	
11.	
12.	
13.	
14.	
15.	
16.	
17.	
18.	
19.	
20.	
21.	
22.	
23.	
24.	
25.	
26.	
27.	
28.	
29.	
30.	

Indiana Department of Environmental Management

VERIFICATION OF INSPECTION

This is to verify that on _____ an inspection of _____ was conducted by the undersigned representative of the Indiana Department of Environmental Management, Office of _____ Quality.

Type of Inspection (may include more than one):

_____ Complaint
 _____ Multi-Media Screening Evaluation
 _____ Other _____

Preliminary Inspection/Screening Findings

*These findings are considered preliminary and include specific matters discovered during the inspection that the designated agent of the department believes may be a violation of law or a permit issued by the department.

Single Media Inspection:

- _____ No violations were discovered with respect to the particular items observed during the inspection.
 _____ Potential violations were discovered but corrected during the inspection.
 _____ Potential violations were discovered and require a submittal and/or follow-up inspection.
 _____ Potential violations were discovered and may be referred to our Office of Enforcement.
 _____ Additional information/review is required to evaluate overall compliance.
 _____ Other /Comments (attachment may be included): _____

Multi-Media Screening (please note that a multi-media screening is not a comprehensive evaluation of the compliance status of the facility):

- _____ Multi-Media Screening not conducted.
 _____ Potential problems or potential violations were discovered but corrected during the inspection.
 _____ Potential problems or potential violations were discovered and will be referred to the Office(s) of _____ for further investigation and response.

Pollution Prevention:

Pollution prevention is the preferred means of environmental protection in Indiana. The goal of pollution prevention is to promote changes in business and commercial operation, especially manufacturing processes, so that less environmental wastes are generated. Your participation in Indiana's pollution prevention program is entirely voluntary. Would your company like to be contacted by IDEM's Office of Pollution Prevention and Technical Assistance? _____ Yes _____ No

If you have any pollution prevention questions, you may contact our Office of Pollution Prevention and Technical Assistance at 317/233-5627 or 1-800/988-7901 or visit their Web site at <http://www.IN.gov/idem/oppta/p2/>.

A summary of violations and concerns noted during the inspection were verbally communicated to the undersigned representative during the inspection. The facility should correct any deficiencies noted as soon as possible. Corrections made and verified during the inspection may still be cited as violations. _____ Written inspection summary will be provided within 45 days. _____ Written report provided at the conclusion of the inspection.

IDEM Representative:

Printed Name	Signature	Phone Number	Date	Time
				In:
				Out:

Owner/Agent Representative:

Printed Name	Signature	Title	Phone Number	Date

Standards Applicable to Large Quantity Generators of Hazardous Waste							
#	CITATION:	DESCRIPTION:	NA = Not Applicable NI = Not Inspected				
Subpart 40 CFR		GENERAL					
1.	262.11	Hazardous Waste Determination (characteristic, listed, TCLP, knowledge, exclusions)	NA	NI	YES	NO	
2.	262.12(a) & 329 IAC 3/1-1-10	EPA Identification Number (Generator must have an ID number)	NA	NI	YES	NO	
3.	262.12(c)	Generator must not offer waste to transporters or facilities that have not received an ID number	NA	NI	YES	NO	
THE MANIFEST							
4.	262.20	General Requirements (manifest to approved TSD/alt. TSD, SQG reclaim exemption on file) (all required information)	NA	NI	YES	NO	
5.	262.21	Manifest Acquisition (generator state 1 st , consignment state 2 nd)	NA	NI	YES	NO	
6.	262.22	Number of Copies (generator, transporters, TSD & 1 copy returned to generator)	NA	NI	YES	NO	
7.	262.23	Manifest Use (signature & date: generator, transporter, TSD, keep copy)	NA	NI	YES	NO	
PRE-TRANSPORT REQUIRMENTS							
NOTE: If facility treats in <90 day tanks or containers, see 268.7							
9.	262.30, 31, 32 & 33	Packaging, Labeling, Marking, Placarding (DOT regulations) (Only apply if waste is in the process of being transported)	NA	NI	YES	NO	
LARGE QUANTITY GENERATORS							
10.	262.34(a)	Generator may accumulate on-site for 90 days or less provided that:	NA	NI	YES	NO	
11.	262.34(a)(1)	Waste in placed in tanks, containers, containment building or drip pad	NA	NI	YES	NO	
12.	262.34(a)(2)	Container marked with start of accumulation date	NA	NI	YES	NO	
13.	262.34(a)(3)	Container/tank marked as “Hazardous Waste”	NA	NI	YES	NO	
14.	262.34(b)	90 Day accumulation limit	NA	NI	YES	NO	

Standards Applicable to Large Quantity Generators of Hazardous Waste							
SATELLITE CONTAINERS							
15.	262.34(C)(1)	Satellite accumulation (55 gallon max or one (1) quart acutely hazardous) at or near process and under control operator	NA	NI	YES	NO	
16.	262.34(C)(1)	Container must be closed when not in use, in good condition and compatible with waste	NA	NI	YES	NO	
17.	262.34(C)(1)	marked "Hazardous Waste"	NA	NI	YES	NO	
18.	262.34(C)(2)	If exceed 55 gallons, container must be marked with accumulation date and must be removed within 3 days	NA	NI	YES	NO	
RECORD KEEPING & REPORTING							
19.	262.40	RECORD KEEPING – SQG and LQG (3 years for copy from manifests, TSD, biennial report, exception report, test results, waste analysis/determination, extension time for unresolved enforcement)	NA	NI	YES	NO	
20.	329IAC 3.1-7-14	Biennial Report (due March 1 even numbered years)	NA	NI	YES	NO	
21.	IC 13-22-4.3-1	Annual Report					
22.	262.42	Exception Reporting – LQG and SQG (LQG: >35 days if no return copy of manifest, contact TSD:45 days report to IDEM)	NA	NI	YES	NO	
23.	262.43	Additional Reporting – LQG and SQG (concerning quantities and disposition of wastes in 40 CFR 261)	NA	NI	YES	NO	
USE & MANAGEMENT OF CONTAINERS							
24.	262..34	Container Condition (If not in good condition or leaking, must transfer waste or manage in some other way)	NA	NI	YES	NO	
25.	262..34	Container Management (close/managed to prevent leaks)	NA	NI	YES	NO	
26.	262..34	Inspections (weekly)	NA	NI	YES	NO	
LAND DISPOSAL RESTRICTIONS							
27.	268.7(a)(8)	Notifications must be kept on-site for three (3) years	NA	NI	YES	NO	

Standards Applicable to Small Quantity Generators of Hazardous Waste							
#	CITATION:	DESCRIPTION:	NA = Not Applicable NI = Not Inspected				
Subpart 40 CFR		GENERAL					
1.	262.11	Hazardous Waste Determination (characteristic, listed, TCLP, knowledge, exclusions)	NA	NI	YES	NO	
2.	262.12(a) & 329 IAC 3/1-1-10	EPA Identification Number (Generator must have an ID number)	NA	NI	YES	NO	
3.	262.12(c)	Generator must not offer waste to transporters or facilities that have not received an ID number	NA	NI	YES	NO	
THE MANIFEST							
4.	262.20	General Requirements (manifest to approved TSD/alt. TSD, SQG reclaim exemption on file) (all required information)	NA	NI	YES	NO	
5.	262.21	Manifest Acquisition (generator state 1 st , consignment state 2 nd)	NA	NI	YES	NO	
6.	262.22	Number of Copies (generator, transporters, TSD & 1 copy returned to generator)	NA	NI	YES	NO	
7.	262.23	Manifest Use (signature & date: generator, transporter, TSD, keep copy)	NA	NI	YES	NO	
PRE-TRANSPORT REQUIRMENTS							
NOTE: If facility treats in <90 day tanks or containers, see 268.7							
8.	262.30, 31, 32 & 33	Packaging, Labeling, Marking, Placarding (DOT regulations) (Only apply if waste is in the process of being transported)	NA	NI	YES	NO	
SMALL QUANTITY GENERATORS							
9.	262.34(d)(e)(f) & 268.50	SQG Requirements – 180 days of less (unless transported over 200 miles), quantity of hazardous waste on-site 6000 Kg or less, must follow:	NA	NI	YES	NO	
10.	262.34(d)(4)	Containers marked with start of accumulation date and words “Hazardous Waste”	NA	NI	YES	NO	
11.	262.34(d)(2) & (4)	Must also comply with 265 subpart C (Preparedness and Prevention) and I (Use and Management of Containers)	NA	NI	YES	NO	

Standards Applicable to Small Quantity Generators of Hazardous Waste						
12.	26234 (d)(5)	Emergency coordinator identified				
13.	262.34 (d)(5)	Following info. posted: emergency equipment, coordinator & phone numbers	NA	NI	YES	NO
14.	262.34 (d)(5)	Employees must be familiar with handling and emergency procedures	NA	NI	YES	NO
15.	262.34 (d)(5)	Respond to emergencies	NA	NI	YES	NO
RECORD KEEPING & REPORTING						
16.	262.40	RECORD KEEPING – SQG and LQG (3 years for copy from manifests, TSD, biennial report, exception report, test results, waste analysis/determination, extension time for unresolved enforcement)	NA	NI	YES	NO
17.	IC 13-22-4.3-1	Annual Report				
18.	262.42	Exception Reporting – LQG and SQG (SQG: >60 days) transportation report to IDEM	NA	NI	YES	NO
19.	262.43	Additional Reporting – LQG and SQG (concerning quantities and disposition of wastes in 40 CFR 261)	NA	NI	YES	NO
20.		SQG Record Keeping Requirements (keep records for 3 years: manifests, exceptions, waste determination/analysis)	NA	NI	YES	NO
USE & MANAGEMENT OF CONTAINERS						
21.	265.171	Container Condition (If not in good condition or leaking, must transfer waste or manage in some other way)	NA	NI	YES	NO
22.	265.173	Container Management (close/managed to prevent leaks)	NA	NI	YES	NO
LAND DISPOSAL RESTRICTIONS						
23.	268.7(a)(8)	Notifications must be kept on-site for three (3) years	NA	NI	YES	NO

